MULTIPLE DEPENDENT CLAIM SERIAL NO. 18,593439 APPLICANT(S) FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1" AMENDMENT AFTER AS FILED 2 ™ AMENDMENT AFTER IND. I"AMENDMENT DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - 31 TOTAL IND. TOTAL IND

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